



**RSAF
Rescue Truck/Extrication
Equipment
QUESTIONNAIRE**

1041 Technology Park Drive
Glen Allen, VA 23059
1-800-523-6019 (VA only)
804-888-9100
FAX: 804-371-3108

APPLICANT INFORMATION

AGENCYNAME: _____ DATE: _____

RSAF GRANT # - OEMS will insert _____ EQUIPMENT REQUESTED: _____

NAME OF INDIVIDUAL SUBMITTING QUESTIONNAIRE _____

Complete for any RESCUE/CRASH TRUCK Request (must also complete Technical Vehicle Page):

1. Number of calls requiring use of a rescue or crash truck in the last 12 months: _____

2. Location of the next nearest rescue or crash truck? _____

3. Age and/or condition of current equipment is to be replaced _____

4. Justification for light/medium or heavy duty vehicle request:

Complete for any EXTRICATION EQUIPMENT Request:

5. Number of calls requiring use of extrication equipment in the last 12 months: _____

6. Location of the next nearest set of extrication equipment? _____

7. Age and/or condition of current equipment, if this is to be replaced _____

RETURN COMPLETED QUESTIONNAIRE TO THE OFFICE OF EMS
With the rest of the grant application